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MCG Today

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MCG Today is published four times a year for alumni and friends by the Medical College of Georgia, Division of Institutional Relations. Correspondence is invited and may be addressed to 1459 Gwinnett Street, Augusta, Georgia 30902. Application to mail at Second Class postage rates is pending at Augusta, Georgia.

Behind the lines....

This issue of **MCG TODAY** is something we're proud of. We think it's the closest we've come yet to producing the kind of magazine our alumni will find interesting, informative and entertaining. One of the things we set out to do in this number of the magazine was to bring our alumni and friends, through these pages, closer to the issues and activities that are a part of our daily lives here on campus in Augusta. This magazine contains articles that relate to academic, philosophical and physical activities on campus, the whole of which, we feel, will help you perceive this institution better. Another thing we hoped to do with the Winter number of the magazine was to improve the classnotes section. It could be said with certainty that this has been done, though anything would have been an improvement over the previous system. If anybody has a better idea . . .

We hope we can continue to improve **MCG Today**; much of what has been done to date is the result of reader feedback. We hope our readers will continue to make

communication two-way. The magazine, of course, is just part of MCG's commitment to communicate with its alumni and friends. Other phases of this intensive effort have been under way, and are proving successful. Many of our readers have attended one of the many alumni dinners MCG has sponsored across the state in recent months. More such alumni gatherings are planned, and it's hoped they will become regular events. The next issue of the magazine will speak more fully of this endeavor.

A new 'old-time' MCG Alumni Week End is in the works too. This event, the details on which will be communicated to you shortly, will be held sometime this Fall. It, too, will be the subject of a future report in **MCG TODAY**.

And, one final note: This issue of the magazine also contains a post-paid reply card. Please take a minute to jot us a note about your activities; we know you're doing things of interest to your classmates and colleagues; please help us keep them informed.

— JCA





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Winter 1971 Volume 1, Number 3

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"Is Medicine for Me?"

What a Young Black Man Decided Last Summer

MONDAY 24 AUGUST

St. Bartholomew, Abingdon 1970 936th day 100 days to come

of the need black doctors. The program has certainly motivated me in this respect, and I feel more that I can and will in Medical School.

WEDNESDAY 5 AUGUST 1970 917th day 140 days to come

I had the opportunity to visit the heart surgery. It is amazing to me, how, to me, one aspect of the program that should be enlarged (vision) of surgery and patients in the hospital. It really makes you ask yourself - "Is medicine for me?" My only regret about the surgery was that it was not one of the activities of the B.M.N. I hope if my girl high, I will why.

SATURDAY 22 AUGUST

1970 934th day 131 days to go

seen my neck points and that I therefore need to be background in I can any time the to for - On ser ?

THURSDAY 13 AUGUST 1970 925th day 140 days to come

We went to the Seamus River Plant and spent most of the morning in lectures on Radiation and the Environment, bombs. She to in Making story, bombs, and what followed the lecture, and the amount of time we had for the operation was highly taken. She offered to show us the plant again. I know that the plant by the time we got back in to from the activities, but because those were

THURSDAY 20 AUGUST

1970 930th day 133 days to come

What a day! We visited Bruce State School and Hospital (for the retarded). I must say that it was pathetic situation, but at the same time it was educational. Seeing these handicapped children made me appreciate normal existence. It makes you want to find ways to prevent this.

All afternoon I ran B.M.N. tests. The concentrations of 3 sets of samples was low. It may have been the samples were fresh and there's causing dilution.

Vernon Bryant became an author one day last July, about 45 minutes after a young lady in the Administration Building on the MCG campus closed her eyes and stabbed a random finger at a list with seven names on it.

The list that Mrs. Norma Patterson used contained the names of seven young college juniors lately arrived on campus to participate in a special summer program. The special program was for black students, and its intent was to expose potential medical students to medicine, through academic studies and electives.

The editors of MCG Today agreed that the program would likely make a good story for the magazine, but we didn't agree on how it should be approached. Finally, however, about two weeks after Vernon Bryant's arrival in Augusta, it was agreed that we white, middle-class, post-baccalaureate editors would be the wrong people to write this story as it should be written.

That's what started 21-year-old Vernon Bryant's first foray into magazine journalism. Shortly after Mrs. Patterson's finger landed on Vernon Bryant's name, editors were dispatched to track him down and pose some questions.

Would Vernon Bryant keep a day-to-day diary of his experiences here for the magazine? Would he tell it like it is?

His reply was a hesitant yes to both questions; the result of his work accompanies this introduction.

It's presented here as written, complete with only names deleted. Following the diary is Vernon Bryant's final evaluation of the program. It's also presented in its entirety.

—JWS



By Vernon Bryant

Wednesday, July 1 (this entry covers the period July 1 through July 14, the dates being those of the start of the program and the date Vernon started his diary)

Upon arriving at this institution and taking a rather superficial look at its physical layout, I was not overly impressed. I thought that I would probably enjoy my stay here, because of the warm reception I received.

When I went on a tour of the campus, directed by an admissions counselor, I was quite impressed and was even more confident that I would enjoy and most certainly profit from my summer studies here. The facilities and technical apparatus were, for the most part, intriguing in themselves. The members of the faculty that I have met are interesting. They are very knowledgeable people, dedicated to their professions.

The members of the Staff of the Special Program in Medical Sci-

ences for Black Undergraduate Students conduct themselves according to the interest of the participants in this program. The lectures in the mornings are stimulating and are on my level of understanding, even though a lot of the material is new to me. The laboratory periods that the staff members conduct accent their lectures. The student has a chance to apply what he has learned. It is good experience. I am constantly being introduced to apparatus that I may never get a chance to use again, but I am learning all the time.

My afternoons have been spent working on my elective project. I have profited quite a bit from my afternoon discussions on kidney transplantation and hemodialysis. I find myself thinking more and more about specializing in this area. When I attend transplant conferences, it gives me a good feeling inside. It's as though I'm one of the members of the Renal Staff. My research has been on analyzing blood samples and bath samples of patients using artificial kidneys. Specifically, I analyze for the concentration of urea in the blood and bath samples. It's quite an experience.

Wednesday, 15 July

Today was a discussion day. We discussed proteins and it is clearer to me than before. Dr. — — set up an electrophoresis experiment and we were able to see proteins analyzed by this apparatus.

My research was about the same. The concentration of urea was a little high in the patients and I wasn't satisfied with the results.

Thursday, 16 July

Since Thursdays are meeting days, I didn't get a chance to meet

with Dr. — —, my advisor, as planned. After the meeting, however, we managed to get our data in a chart form and compare it slightly.

Friday, 17 July

Some of my misunderstandings of proteins and amino acids were cleared up in the regular Friday seminar. This is, in fact, an advantage in having seminar sessions, to apply what you have learned and see how much you have learned.

My calculations on urea concentrations were considerably better today. On Monday, we will alter the bag pressure and blood flow and see how it affects the urea concentration.

Monday, 20 July

The reading assignments that Dr. — — gave us helped me a great deal to understand the lecture on enzymes this morning.

Upon analysis of blood and bath samples of a patient whose blood flow and bag pressure had been decreased, there was a decrease in the arterial concentration, venous concentration and dialysate concentration.

Tuesday, 21 July

Parts of Dr. — —'s lecture were unclear to me today, but I hope to get everything straightened out about enzymes, then inhibitors, etc. Otherwise it was a typical day.

Wednesday, 22 July

Of most interest to me today was the experiment we did on enzymes, their activity and how it is affected by temperature, time and pH.

Dr. — — suggested a new approach to calculation of my Mg data by changing some formulas that I use presently.

Mr. Bryant is a 21-year-old senior enrolled in the pre-medical curriculum at Savannah State College, Savannah, Ga. He became aware of the MCG summer program through the Biology Department at Savannah State.

Thursday, 23 July

I attempted to prepare myself for the seminar, the following morning on enzymes.

In the transplant conference, I found that the most recent kidney transplant patient is doing considerably well. Several terms (renal) were brought up that I didn't know the meaning of.

I will ask Dr. — — to explain these terms so that I can better understand what goes on in the conference.

Friday, 24 July

The seminar was rather slow today, but I understood the week's proceedings pretty well.

I had two articles pertinent to hemodialysis Xeroxed for my future reference.

"... A 'brother' from Emory talked about the degrees of racial prejudice in these schools. It's terrible but it exists — even here."

Monday, 27 July

Growth and Nutrition of Microorganisms was the topic of the lecture today. Dr. — — is not a very

inspiring lecturer, but he gets his point over. One of the things I like about him is that he always lets us know some requirements in microbiology for students going into medicine.

I acquired a new patient today. Her urea content was very low and found out that it was because she had recently been on a 36 hour peritoneal dialysis.

Tuesday, 28 July

I went to the library to search the card catalog for as many possible references to my project as possible. This is so I can prepare my scientific paper.

Wednesday, 29 July

We performed experiments on Sterilization Inhibition of Antibiotics dealing with bacteria.

I talked to Dr. — — about the presentation of my project on August 27th. He gave me a rough idea about what he thought should be included. That evening discussion was interesting. Some 'brothers' from Mercer gave talks and a 'brother' from Emory talked about the degrees of racial prejudice in these schools. It's terrible, but it exists — even here.

All of it was moving, but it lasted too long.

"Our guide put everything he explained on a pre-school level for us. It was trifling."

Thursday, 30 July

The tour of Talmadge Clinical Laboratories was very boring in that we had already been through the sections we went to today. Our guide put everything he explained on a pre-school level for us. It was trifling. We did learn a little about blood banks and their importance.

I noticed a rise in the urea concentration of Mrs. — —, my newest kidney patient. I missed most of the transplant conference. Afterwards, Dr. — — answered questions I had about shunts and the results of my calculations.

Friday, 31 July

We obtained the results of the experimental bacteria cultures we set up on Wednesday. It was interesting to note that different species of bacteria aren't affected by various disinfectants as severely as others. Further, certain species can grow around disinfectants.

Monday, 3 August

Dr. — —'s lecture on Metabolism was presented to us in a general way, but it wasn't general at all in



some ways. The lecture was easier to understand than the reading assignments. I think as we move along and go further into the TCA Cycle and see how hydrogen ions are transferred, I can see things better.

As far as my elective project goes, I got some information from Dr. — about my paper and he gave me a reference to help me with my paper. He's helpful in that area.

Tuesday, 4 August

This morning's lecture was very inclusive to me. Not only were general points brought out by Dr. —, but he also went into some detail in discussing the reduction of carbohydrates, use of ATP and the electron transport system (ETS). All of it was explained expertly by the use of examples and this made the whole process understandable. Upon going to the library, I found two references pertinent to my research. I have decided to use a brief history of hemodialysis in my paper.

"It really makes you ask yourself — 'Is medicine for me?'"

Wednesday, 5 August

I had the opportunity to view open heart surgery. It is amazing to me. This, to me, is one aspect of the program that should be enlarged (viewing of surgery and patients in the hospital). It really makes you ask yourself — 'Is medicine for me?' My only regret about the surgery was that we couldn't see most of the sutures done on the heart.

Thursday, 6 August

Today was very profitable. We did an experiment on the effects of the different substrates, inhibitors and uncouplers on the action of the mitochondria from a rat's liver. An oxygen monitor measured the amount of oxygen consumed and recorded it on a graph so that we

could see effects of these different substances on the mitochondria. It was a noteworthy experiment.

I discovered that reason for (patient's) high urea was because of the long period between successive dialysis. The transplant conference went as usual and afterwards Dr. — and I discussed my data.

Friday, 7 August

Reviewing the week's program on energy transformation in the cell was a learning experience. There always seems to be some important points brought out in the seminar that are perhaps forgotten during the week. Energy transformation in the cell is a complicated, mind stimulating process. We discussed the graphs on oxygen consumption and the effects of different substrates, inhibitors and uncouplers on the mitochondria's use of oxygen, and the reason why these substances affect the mitochondria.

I noticed a slow, steady rise in the urea concentration of one of the patients. This rise, however, occurred in the blood and not so much in the bath.

We began moving into a larger, more adequate kidney room. This means that more patients will be dialyzed per day.

Monday, 10 August

Dr. —'s lecture was quite informative, so I have a basic idea of energy transformation in muscles. This is all that could be expected, since it was a one-lecture topic.

Today was the first day in which the three artificial kidneys were in operation, since I began my project. It didn't, however, take much more time to analyze blood samples from three patients. I will have to get to the hospital earlier, before the patients are taken off.

Tuesday, 11 August

Particularly useful today was a visit to the radiology department following Dr. —'s lecture. I really

thought that Dr. — should have lectured on radiation, since Dr. — wasn't especially prepared to discuss the subject and had to refer to Dr. — periodically. Dr. —, a radiotherapist, told us all about treatment of cancer in tumors by using radiation and showed us all the instruments used to do so.

My project went as usual.

"Seeing these handicapped children made me appreciate my normal existence. It makes you want to find ways to prevent this."

Wednesday, 12 August

Dr. — reiterated points about radiation that weren't explained well by Dr. —. I particularly appreciated finding out about the use of radiation in medicine. This was my main interest.

Samples weren't taken today because the patients were taken off early. Instead Dr. — and I talked about my experimental work and tried to decide the optimum for blood flow and bath flow.

Lunchtime was spent in discussion with the staff of the program to decide which areas of the program needed to (be) improved, enlarged upon or eliminated. Hopefully, this will make for a better program next year. In the group discussion the issue of the need for more and better prepared physicians was discussed.

Thursday, 13 August

We went to the Savannah River Plant and spent most of the morning in lectures on Radiation and the Environment, Radiation in Medicine and in making Atomic Bombs. The tour of the plant followed the lecture, and was good for the amount of time we had for such activity. The apparatus was highly technical and the security of the plant is amazing. I was surprised to know the plant is strictly financed

by the taxpayer.

I got back in time to take samples from the patients, but could not analyze them because there wasn't any BUN Reagent.

Friday, 14 August

Unfortunately, radiation was not, or seems not to be, an easily understood subject for me. Maybe it's a mental block that I have formed, but I don't catch on to this subject as I did the previously discussed subjects. Maybe again, it's because I have not been exposed (to the concepts of) radiation. Because of all of this, the seminar didn't mean too much to me today.

I couldn't analyze samples, because the BUN Reagent didn't come in. There were no dialyses, so I read on the subject of hemodialysis.

Monday, 17 August

This morning's lecture period was a first for the program, in that we had two lectures in the same period by two different lecturers. Dr. — — gave a rather timely talk that was basic on the cell cycle. This included neiosis and mitosis. His lecture was a basis for understanding Dr. — —'s lecture on gene function. Gene replication was not as essential to be explained as the actual function. So we were given reading assignments including function and replication.

The only work that I could do in the lab for my project was to centrifuge the blood samples and freeze the serum and the bath samples. I worked on my paper during the remainder of the day, periodically.

Tuesday, 18 August

This morning we were introduced to the mechanism by which proteins are synthesized and the role of DNA in this process. A special lecturer, Dr. — —, came in after Dr. — —'s lecture and gave us a very related talk on chromosome abnormalities. What added to the talk was slides that were shown of

patients with these abnormalities and he showed us the actual chromosomes that were abnormal.

I worked on my paper today after the lectures. I took samples from the patients in the kidney room and centrifuged them and froze them until the BUN Reagent comes.

Wednesday, 19 August

We did not meet for a regular lecture today. This time was allotted for reading assignments.

All of the students in the program had a fifteen minute talk with Dr. Fordham, Dean of Medicine. He seemed to be particularly interested in the success of the program. He also implied interest in the student per se. This, of course, is a function of the dean.

I spent just about all afternoon analyzing samples, since I had gotten so far behind in that area.

Thursday, 20 August

What a day! We visited Gracewood State School and Hospital (for the mentally retarded). I must say that it was a pathetic situation, but at the same time it was educational. Seeing these handicapped children made me appreciate my **normal** existence. It makes you want to find ways to prevent this.

All afternoon I ran BUN Reagents tests. The concentrations of three sets of samples was low. It may have been because the samples were frozen and thawed, causing dilution.

Evaluation

First of all, I think that every student who plans to enter medical school should be exposed to a summer program of study such as this one. I say this in the respect that this program has enhanced my already profound interest in medicine. No part of the program has discouraged me to the point where I decided that medicine is not for me. It certainly made you think again

about whether or not medicine is for you. I have heard of and seen even more the need for good black doctors. I have gotten an indication from the lectures of how to prepare myself for coming to medical school. I have seen my weak points that I therefore need to develop a better background in. I can say this

"The program should be enlarged to include a few white students."

in regard to the lectures we were exposed to, abstracts from actual lectures to freshman medical students. Even though the program was on a test level this year, I think it worked out fine. We have discussed changes that need to be made and have come to the conclusion that there needs to be an enlargement of the clinical aspect of the program; the program should be enlarged to include a few white students. I agree wholeheartedly. Personally, I think that it would be nice if the program could include talking to more medical students, letting us observe medical students in actual classroom situations and clinical diagnosis. Most of the other students in the program share these opinions.

"... I will be in that number of the new black doctors."

Finally, I have definitely profited from my studies and really enjoyed my summer work. I have seen a true interest expressed about the need for more doctors. There was a lot of time and effort put into the program and the experiences which the students gained have been well worth the effort. I can speak for myself when I say that I will be in that number of the new black doctors. The program has certainly motivated me in this respect, and I feel more strongly that I can and will make it in medical school. □

The Definition of a Dentist

Helps MCG School Define Its Role in Dental Education

Definition of a Dentist

About three years ago the developers of the curriculum for MCG's new school of Dentistry prepared the following **Definition of a Dentist** for use as a guideline in educating dental students. The accompanying article details some of the impact this definition is having on the curriculum in MCG's newest school.

Dental education at the Medical College of Georgia School of Dentistry is designed to prepare Dentists to serve the Public in the following roles:

I. as a competent practitioner of comprehensive oral health care who uses the most current, accepted biologic concepts in diagnosis, prevention, treatment and prognosis with empathy for each patient.

II. as an effective teacher who educates and directs people to appreciate and desire excellent oral health as a part of general health.

III. as a competent administrator able to manage an effective and efficient practice in which the talents of ancillary personnel are fully used within current, accepted limits of performance.

IV. as a constant student who seeks knowledge of new and accepted concepts in dentistry through continued education, current literature, research, and all other available sources.

V. as an active member of a dynamic profession who promotes ethical practice by his own actions, who supports high levels of education and training for all dentists and dental ancillaries, and who evalu-

ates and responds to the rapid change in the social aspects of dentistry on their merits.

VI. as a responsible citizen who shows interest and concern for the welfare of himself, his family, community, state and nation.



By Donald F. Bowers, MSD, DDS
J. Earl Williams, DDS, DrPH

Not too many weeks ago, a faculty member of MCG's School of Dentistry sat next to a School of Medicine alumnus in the tourist cabin of Delta's Flight 318 from Atlanta to Augusta. The dental educator was returning from a regional workshop on teaching methods. The alumnus was coming to Augusta for a continuing education course. After introductions, the conversation quickly centered on the new School of Dentistry. The conversation was somewhat one-sided with the physician taking the initiative. He eagerly fired a barrage of questions: "What are you training your students to be — general practitioners or specialists? Are you going to teach them to work in group practices? How will your graduates view government financed health care programs? Will they be interested in public health problems? Will they be prepared to deal with the business aspects of practice?"

There were several other similar questions. The educator was glad that the flight was a short one.

"He asked all the right questions, which also happen to be the hard ones," the educator later related to a group of dental faculty colleagues. "You know, the same ones we've been asking ourselves. I wished I had had a copy of our Definition of a Dentist to share with him. I don't know if it would have changed his questions, but it sure

Dr. Bowers is director of Developmental Dental Studies, School of Dentistry, and Dr. Williams is chairman of the School's Department of Community Dentistry.

would have helped me organize my answers."

The **Definition of a Dentist** that the faculty member desired is a document which the School of Dentistry faculty developed nearly three years ago to serve as a goal in developing the new curriculum. It has proven itself to be helpful in planning and has been directly responsible for several innovative features of the new curriculum. At the same time, it has given the faculty many educational challenges — some of which are still unanswered.

The definition includes roles which require teaching not only skills and knowledge but attitudes as well. Teaching skills and knowledge is one matter for today's dental educator; teaching attitudes, the area of learning which the educational psychologists refer to as the **affective domain**, is quite another. The problem is not only one of how to teach attitudes, but also, how to evaluate the effectiveness of the teaching.

Consider role number one. "Becoming a competent practitioner of comprehensive oral health care who uses the most current, accepted biologic concepts in diagnosis, prevention, treatment and prognosis . . ." is mostly a matter of learning skills and knowledge. The most effective manner for learning the necessary skills and knowledge would appear to be experiences in which the clinical and basic science aspects are taught simultaneously or in an integrated fashion. This kind of thinking led to the decision to initiate clinical training at the very outset of the four-year program, concurrently with basic science learning, integrating the two wherever possible — either in the

courses themselves or in Bioclinical Conferences, special monthly seminars directed to showing how the two broad areas interrelate. Evaluation of this program's effectiveness can be done through standard testing procedures.

But how does one teach "empathy for each patient?" By faculty example? Through didactic courses in selected behavioral sciences? Through faculty preachment? How can the faculty tell how empathic a student has become — before graduation as well as thereafter?

A look at the other roles that define MCG's graduate dentist shows an attitudinal element in each. And each has offered the faculty a similar challenge in teaching and evaluating.

The faculty has hopefully responded to several of these challenges with curricular programs designed to develop attitudes. At the same time, investigation is being made into the basic questions of dentist and dental student attitudes with the expectation of results that will help shape effective programs in the future.

An example of one response is the one-week program of community study held in the spring of the first year and directed by the School's Department of Community Dentistry. During this week, the students become personally involved with the dental problems of the local community. They see the needs of all levels of people within the community as well as the means to meet these needs. They are exposed to the barriers, economic and otherwise, that prevent the treatment of all of these needs. They relate, person to person, with community leaders, dentists in pri-

vate practice, and potential patients, some of whom are economically indigent. The students are allowed to make their own judgments about dentistry and the community. At no time are they exposed to sermonizing by the faculty.

Last year's class of first year students had another opportunity to witness some of these barriers — thanks to the willingness of faculty members to participate in an extracurricular activity. There is an evening health clinic for medically indigent people that is entirely staffed by volunteer medical, dental, and dental hygiene students and faculty. Once a week, three or four dental students join with a faculty supervisor to provide dental health instruction and referrals for the clinic patients — offering a first-hand, person to person experience for the students. The same opportunity is again available for first-and second-year students, this year.

It is believed that this program will develop role number six, "... a responsible citizen . . ." But how to evaluate it?

Students are permitted, from time to time, to attend selected continuing education courses in the same fashion as graduate participants. It is hoped that this exposure will help create "... a constant student . . ." But how to evaluate it?

Evaluation of experiences and programs, designed to favorably change student attitudes, cannot be accomplished with confidence until more is known about the attitudes that students initially bring to school. For this reason, the School of Dentistry joined the

Department of Sociology of the University of Georgia in a study of changing student attitudes during the process of dental education at MCG. The study, entitled "The professionalization process: an analysis of dental education," was begun in the fall of 1969 by two doctoral candidates in sociology. Current plans call for the study to follow several entering dental classes through the dental curriculum and into practice with interim results made known periodically.

An example of some early results relates to the volunteer evening health clinic activity. Most of the dental students volunteered for the program. In fact, faculty approval and participation was initiated by request from the students. At the year's end, the participating students were interviewed about their attitudes toward clinics and the type of patient with which they were involved.

The consensus of the participant's responses portrayed the feeling that they are doing important work giving patient education and that these kinds of patients do care about their dental health.

In the meantime, the School of Dentistry will rely on proven principles of education, a little imagination, and a modicum of common sense to provide a dental education that they hope will produce the kind of person described by their Definition of a Dentist. □





The senior health professions in the United States are becoming increasingly aware of the importance of allied health professionals in the delivery of health care. The potential role allied health workers will play in coming decades is vast, yet support of programs to train such professionals is severely limited.

Editors of MCG Today asked Raymond C. Bard, PhD, vice president of MCG and dean of the College's School of Allied Health Sciences, to talk about the current situation in the training of allied health workers. The accompanying interview details progress and plans at MCG, and sketches some roles allied health personnel might play in future health care delivery.

Allied Health Professions and Health Care Delivery Tomorrow

Some Questions and Answers

TODAY: May we begin by asking about the scope of the allied health education programs here?

BARD: I can describe the programs here, but you might be interested in learning that just what allied health is has not been decided upon nationally. I don't find it very difficult to define if one accepts a negative definition of what it is not. Generally speaking, just about everyone knows the time-honored professions of medicine, dentistry and nursing. The allied health umbrella includes everybody else — all the professions and occupations other than the three old and well recognized ones. Under allied health, the tendency is proper to talk about allied medical professions and allied dental professions; the former naturally being those that relate to medicine, and the latter referring to those relating to dentistry. Programs here, at the Medical College, are essentially the well accepted and traditional programs. I might just mention these: medical technology, radiologic technology, medical record science; these three all approved by the AMA and their cognizant professional organizations; then medical illustration. The newest program that is active is dental hygiene, approved by the American Dental Association and its cognizant dental hygiene organization. This year we're starting to activate two new departments, again well established professions. These are the departments of Physical Therapy and Occupational Therapy.

TODAY: Is there sufficient demand for these skills to assure our allied health graduates jobs?

BARD: That question always comes up. Any number of studies have been made to determine the answer with reference to a state or a region or nationally. I usually react to the question by simply saying that there are many more jobs than there are qualified people to take them now. So I have no concern about employment opportunities for graduates in these programs, on the basis of the national shortage of health personnel of all sorts.

TODAY: How do these kinds of people fit into solving problems in health care delivery, and filling this shortage of health personnel?

BARD: Well, actually, these professions came into being really for two reasons: first, physicians did not have the time to devote to the work involved. For example, medical technology is a profession dealing primarily with the diagnostic aspects of disease. Because physicians did not have the time to do their own laboratory diagnostic work, and, even more important — as technology advanced rapidly and as these techniques and procedures in the laboratory became so highly technical, the physician became unqualified to handle them. So the medical technologist became an invaluable person in the diagnosis of disease and the confirmation of diagnosis. The radiologic technologists are in very much the same situation, producing X-rays for physicians who no longer have the time to take these diagnostic pictures. Of course, a physician specialist looks at the X-ray; namely, a radiologist. Now-a-days radiologic technicians and technologists are involved in patient care, where ra-

diation is used in order to treat disease. Already in this area we're starting to move into the business of patient care — direct patient care. Another example of this is the physical therapist — serving as a consultant to the physician. A physical therapist with the physician actually determines what the patient needs to have to help and remedy his physical situation. And the occupational therapist is very much in the same position. So these people have already moved in the areas of diagnosis and therapy — areas that used to be strictly the arena of the physician. What the future holds is just an extension — an expansion of this already well recognized role of allied health workers.

TODAY: Are you talking about the physician's assistant concept?

BARD: Well that's the present label given, and it's a good label. I think we ought to talk about physician assistants, the way they come up and are coming up; namely, medical speciality assistants. There again, highly trained physicians have specialist assistants. A very common and very popular one now is the pediatrician's assistant. The office practice of pediatrics involves a great deal of what is known as well-baby care. The mother brings the baby in to record growth and development, to check nutrition, to receive immunization and so on, the things that are associated with good health in babies. Although it is not yet recognized fully as a profession, many people, usually nurses, have been doing this kind of work for the pediatricians in their offices anyway. Usually the physician trains a per-

son with whom he's been associated for a number of years. The pediatrician's skills are just too valuable for him to be spending his time at these tasks. It's only natural that a pediatrician assistant or pediatrics assistant has emerged in formal programs all over the country.



TODAY: There are sub-doctoral specialties in Great Britain and some in the West of this country producing physician's assistants or assistant physicians who are involved in actually seeing patients, making diagnosis, making house calls, or rendering treatment. Is this a coming thing for future medicine?

BARD: All of this is just a scattering. It's just barely starting around the country. But formal education, accreditation and registration, and in some cases even the beginning of licensing of these people has started. For example, in the State of Colorado, pediatric assistants are being licensed — simply because the University of Colorado Medical Center pioneered, or helped pioneer, the training of pediatric assistants. Now, many programs are in action. People have heard about the Duke University program to train former medical corpsmen from the armed forces — mature

males with considerable health education background and real experience. These were natural people to attract to vocations as physician assistants. Nationally, these people are still very small in number. There are only about 40 or 50 that have been through the program at Duke over the past five years. This is not from lack of applications, because they get about 100 applications for every spot. They were initially used as highly skilled technical people who ran renal dialysis machines, helped run intensive care units and so on. The teaching hospitals at Duke University were kind of a trying-out place for this whole concept. Now, about a dozen Duke graduates are working in private physician's offices.

Similar kinds of medical speciality assistants will be trained in anesthesiology, obstetrics, orthopedics and most medical specialties where health care can be extended by lesser-trained people. This doesn't only tie in with the length and economics of getting a medical education; it also ties in with the economics of remunerating these people. Because of their shorter length of education and the level of their responsibilities, they cannot be expected to be at the same level as the board-qualified physician.

TODAY: Do you perceive these rather scattered steps in the direction of medical speciality assistants and the sorts of allied health professionals we were just talking about as indicative of a trend for the future? Will there be more of these people? And will they help fill future needs for medical care?



BARD: There is no question that there's a trend. The American Medical Association very recently issued guidelines for the establishment of new programs which speak specifically to this situation. Other programs could also be involved and there has been very careful consideration of the whole path of education, certification and licensing. There's no question that this momentum is going to be rapidly accelerated in the next five years. About every state will have a major effort in this area that I believe will evolve to the assistant physician (rather than physician assistant).

TODAY: Perhaps you would go out on a limb and make a forecast as to the hole you see for this institution in the education of allied health people and assistant physicians?

BARD: Here at the Medical College in the recent past, we've discussed, and will probably develop, some programs in the medical speciality assistants area. I might mention a kind of a system that has had little attention because it deals with the less happy end of health care — namely, the pathology assistant. These are the persons who will work with pathologists doing the post-mortem studies that are essential to gaining new knowledge about health care. This is a program in which our Department of Pathology is expressing some interest.



TODAY: How will assistant physicians affect health care delivery? How will they work?

BARD: More patients will be seen, as I've indicated, probably at a lower cost per-patient because a lesser skilled person is involved. When we talk about the real problems in health care distribution in this country, economics become essentially the determining factor.

For example, the economics of health care in the rural areas, sparsely populated areas or the other extreme, the densely populated areas like inner cities, ghettos or whatever you want to call them. It's just poor strategy to think of

graduating highly qualified professionals and then expecting them to go into areas where the economics simply don't make it feasible for them to work there. At least as I



visualize it, the assistant physician will be the individual to be located in the sparsely and densely populated areas where economics is the determining factor. The assistant physician will be sort of a satellite of the fully-qualified physician. He will have direct communications, essentially by telephone, with the physician. As you look further into the future, the physician and the assistant physician can have visual contact with TV picture-phones so that each could be looking at the patient while the assistant on the scene can be describing his findings. The assistant physician will be, to a very large degree, a collector of information. He can take the blood pressure, the heart rate etc., and observe any abnormalities. He can pick up an awfully lot of information with tests. Observation and test results can be transmitted to the fully qualified physician who can make the medical decision. The physician will be the medical decision maker of the health care team. That will be his prime role: to make the medical decision, whether the decision is diagnosis or therapy.

Indeed, one can visualize many kinds of therapy that the assistant physician can provide right on the scene. Therapy would largely be drug therapy. Although there can be other simple procedures he can execute right on the spot. Lancing a boil; fixing a broken limb, this kind of thing that can be done right on the spot. And, of course, if the patient is seriously ill and needs to be admitted to a hospital or nursing home, the assistant can be involved in transporting the patient in modern transportation whether it's an ambulance moving at a great speed across the interstate highways, or eventually a helicopter. They could transport a patient to the first class medical center, where then the highly qualified physician could really do his thing. And, in terms of dealing with vast numbers of people, this is where this intermediate kind of medical practitioner will really have impact. These can be trained relatively cheaply and relatively rapidly in numbers. This will be significant in extending health care to all of the people — not just those who happen to be in the metropolitan area and happen to have the money.





TODAY: Do you think there are people now who would be motivated to become assistant physicians?

BARD: Yes. I wonder often what happens to all of the medical school applicants who don't get into medicine. The number of applicants far exceed those who are accepted into schools of medicine. Indeed, we might consider looking at medical school applicants at the completion of their sophomore or junior years in college. There are some obvious cases that will not be admitted to medical schools, but yet are capable and highly motivated so that they would be acceptable in a program of less educational rigor. I think there's an untapped pool of such people, not even counting the retired military and other persons who may want to transfer from one field to another for a variety of reasons. I think this will be one of the responses that the younger generation will make to social involvement commitments. I think there is a tremendous population of young people, men and women, to do this work.

TODAY: What do you think the most important issues are in education of allied health professionals and assistant physicians now?

BARD: Well, number-one, unfortunately, is that the public has not

been made aware of this kind of health care worker and the role he plays now. As a result, educational institutions haven't had the resources to devote to these programs. Certainly the federal government, which has done so much to make medicine, nursing and dentistry what they are today, has not to date come forward with significant sums of money in the fashion that it has done for the traditional professions. The amount that is made available is a pittance, and the law is currently most effective in support of existing and established programs. All these more innovative areas, or even the beginning of a standard new program, have no source of federal support. This has made moving very slow.

TODAY: What is the prognosis for this situation? Is it going to get better or . . . ?

BARD: Well, we all hope that the stimulus will not be what stimulated so much current debate on health care; namely, the availability of federal funds in the shape of medicare/medicaid which has shown that our health care system is inadequate to meet the programs funded. If national health insurance or anything similar comes into being, the health care distribution system will be totally overwhelmed and it will really not serve any purpose by having the money available. Before that money becomes available, we need at least a five year period of very heavy support for allied health education and training, both for the established programs and for the innovative ones, so that we can get the manpower situation improved before the demand occurs.

TODAY: What's the likelihood of this happening in your opinion?

BARD: Under the present federal administration, the likelihood is poor. The AMA has lately decided to support these activities. But the Nixon Administration, for its own

good reasons, has an economy drive on. We need to get started in the immediate future — and by immediate I mean in the next fiscal year's budget. But it's not in the works; these components are not there. Senator Ralph Yarborough (D., Texas) was the leader in this area. He was a good senator but couldn't even get himself elected in his own primary. So there is no champion. There is no Fogerty; no Hill in the Congress, and the public simply hasn't been organized to push this essential component of health care to reality. There's been a lot of talk but there's certainly been practically no meaningful results. For this and other reasons the allied health people organized the Association of Schools of Allied Health Professions. But again lacking in funds, the impact of this group has been minor. Without resources to get into the kinds of activities, undertaken by such groups as the National Education Association, the American Association of Medical Colleges, and the American Association of Dental Schools, they simply haven't gotten anywhere. As the Secretary-Treasurer of our organization, I can tell you, it's a matter of money.

TODAY: What haven't we talked about?

BARD: Well, I think we've talked about the significant. One question that often is raised is, how do you know the physician assistants will be acceptable by patients? A very limited study produced what to me were the rather obvious answers, and yet when I tell you they'll probably tend to disturb you a little bit. Normally, the physician assistants were not accepted by people who had six years of education or less. A correlation relates: the more educated the patient, the more likely he is to accept the physician assistant.

TODAY: When do you think MCG will start training assistant physicians?

Next Week I've Got to Make a Will— Next Week

A New Program at MCG Points up the Benefits of Good Estate Planning



James C. Austin

Mr. Austin, who came to the Medical College of Georgia in 1969 as Director of Institutional Relations, heads a group encompassing College activities in development, alumni affairs, public relations and the MCG Foundation, Inc. He is a former associate director of the Southern Seminary Foundation at the Southern Baptist Theological Seminary, Louisville, Ky., and is widely experienced in institutional advancement programs.

Numerous studies have shown that Americans manifest some reluctance to write wills. Present estimates are that 50 per cent of all adult Americans do not have wills.

Will-making seems to many to be a low-priority chore, and it is often-times postponed until too late. This means that many die intestate — without a will — a situation with profound implications for loved-ones and heirs. Intestacy in Georgia usually results in lengthy legal procedures, great erosion of an estate's value, and distribution of the estate according to state law. State law, of course, doesn't always provide for distribution of an estate in the ways and proportions the testator would have preferred.

Thus, a person who dies without a will, according to law, delegates his prerogatives as to distribution to the State, and the State apportions the estate according to laws which, of necessity, must be broad and not necessarily in accordance with the desires of the deceased.

Surveys have also shown that most of the 50 per cent of American adults who do have wills do not have wills that distribute their estates in the most economical manner. Eight out of ten of these wills call for 'outright distribution' of estates to spouses, who in turn leave everything to children. Due to federal estate tax laws, this is the most expensive way in which one can leave an estate.

The Medical College of Georgia has started a family financial planning service that's available now to help alumni and friends in a number of related areas. "Sound financial planning," says James C. Austin, director of MCG's Division of Institutional Relations, "can in-

Dr. JONES... Outright Distribution (SIMPLE WILL – EVERYTHING TO WIFE)



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crease disposable income during life and increase the amount of your estate. At the same time, good planning may help you 'afford' a substantial gift to MCG for its expanding programs of instruction, research and patient care."

A large part of MCG's financial planning service, Mr. Austin said, is of an educational nature. "We are making certain publications available to alumni and friends that detail provisions of inheritance and estate laws, and we can advise on certain aspects of estate planning."

"We will not be involved in drafting legal instruments or making wills," he emphasized, "but we will work to make our alumni and friends aware of needs for estate planning and encourage them to seek the help of attorneys and others for making and executing

wills."

Mr. Austin said informative aspects of the new MCG program should be of great value to alumni and friends, because "so many are not adequately conversant with the complex laws governing these matters."

"Many are even unaware of what constitutes an estate, and statistics show most people are 'worth more' than they think they are."

An estate, he said, consists not only of cash and securities, but also includes real estate, mortgages and notes, powers of appointment, and miscellaneous items such as automobiles, jewelry and paintings. "Many do not realize that their estates also include the proceeds of life insurance (in most cases), and jointly-owned property."

Mr. Austin used the following

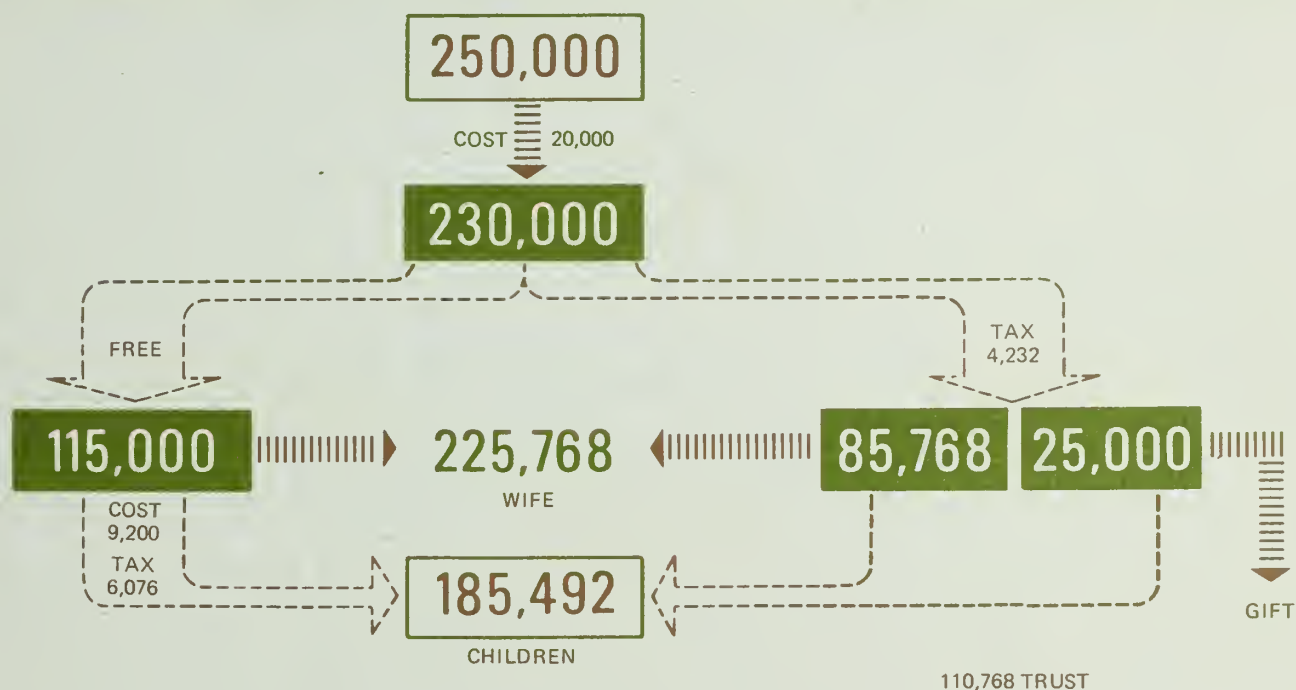
hypothetical case of MCG alumnus 'Dr. Jones' to illustrate how estate planning can increase the estate amount and benefit MCG at the same time:

Dr. Jones has property which, when each asset is valued and all the assets are added together, has a total value of \$250,000.

The first item of loss to his estate would be the estate settlement costs. Based on the national average of 8 per cent, which includes all final expenses, and attorney's and executor's fees, this would be about \$20,000. Under the law, it is possible for a man to pass half of his estate, after deducting settlement costs, to his wife free of tax — in Dr. Jones' case, about \$115,000. The other half would be taxed at the estate tax rate for \$8,250, leaving a balance of \$106,750. Under

Dr. JONES...Conservation and a Gift

(TRUST UNDER WILL FOR WIFE,
THEN GIFT)



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her husband's will, leaving everything outright to his wife, Mrs. Jones would inherit \$221,750. If Mrs. Jones conserved this amount of property, living on its income, the settlement costs at her death would amount to about \$17,740 and the Federal estate tax would be \$33,903. The net result is that the Jones' children would receive \$170,107 of the original \$250,000. This is a shrinkage of nearly \$80,000.

Now let's take a look at what Dr. Jones might do if he is interested in taking good care of his family and also of helping MCG. There is a plan whereby he can 'afford' to contribute \$25,000 to help the Medical College. He can arrange under his will for a trust of \$25,000 to go to the MCG Foundation, Inc., after both he and his wife have died. Under this arrangement the

\$106,750 taxable portion (Chart I) mentioned above can be placed in two trusts, possibly with a bank. Mrs. Jones would receive all the income from both trusts. Because the \$25,000 trust will ultimately go to a charitable institution at his wife's subsequent death, Dr. Jones' estate will gain a tax deduction. Instead of the \$8,250 tax (Chart I), the tax would be reduced to \$4,232 (Chart II) and the non-charitable trust going to his children would amount to \$85,768. The total of the two trusts benefiting Mrs. Jones and the \$115,000 portion which was tax free at his death would now be \$225,768 (Chart II), instead of the \$221,750 (Chart I). Mrs. Jones would have the use of proceeds from an estate which is \$4,000 more than in the outright distribution program.

Property held in trust for her benefit will pass free of tax and costs to the children. Upon the widow's death, terminal costs and taxes would be applied only to the \$115,000 portion which was tax free at her death (costs — \$9,200 and tax — \$6,076), leaving \$99,724 to her children. At her death, the \$85,768 trust goes to the children free of taxes and costs and the \$25,000 charitable trust would go to the Medical College of Georgia Foundation, Inc. The children, under this arrangement, now receive a total of \$185,492 (Chart II) — \$15,000 more than they would receive under the outright distribution program. The widow has also had the use of the proceeds from \$4,000 more a year than she would have had under the former program. This plan does not take into ac-

count any appreciation in the value of the assets of the estate between the time of the husband's death and that of the widow.

Dr. Jones has found a way to make a \$25,000 gift to the Medical College of Georgia Foundation, Inc. without doing any damage to what he considers his personal needs. The \$25,000 charitable trust might have also been divided between his church, his college and MCG Foundation and the same figures would apply.

This illustration represents a new concept in alumni gift programs, Mr. Austin said. "The Planned Giving Program is not a fund-raising campaign as such. It is a service. Final action is taken only in collaboration with the potential donor's own attorney.

"The nature of the gift Dr. Jones will ultimately make will be determined by his family objectives and the advice of his attorney and banker. His own attorney will prepare the legal instruments."

Estate planning and gift planning have many advantages — tax advantages and personal satisfaction rank at the top of the list, Mr. Austin added.

In another aspect of the Planned Giving Program, a person desiring to help advance the Medical College and at the same time secure his future financially may take advantage of the MCG Foundation's Gift Annuity Plan. Mr. Austin explained:

The Gift Annuity Agreement represents a lifetime investment with multiple benefits. First, the donor is assured of a guaranteed fixed income for life. The amount of the income depends on the age of the donor at the time he purchases the Annuity and upon the amount he invests. For example, at age 65, the donor is guaranteed an annual income (payable semi-annually or quarterly) of 5.2 per cent for each dollar he invests. At age 70, the income rate is 5.7 per cent; at age 75, the rate is 6.5 per cent; at age

80, the rate is 7.6 per cent. Since the income is guaranteed, the donor is relieved of investment worries. Some of the tax advantages are: (1) the donor receives a substantial charitable contribution deduction for the gift portion, (2) most of the income — 70 to 85 per cent (depending on the age of the annuitant at the time the Annuity is issued) — is tax free, (3) if appreciated securities are contributed, the capital gain will be reduced, or completely avoided, and (4) an annuity gift (one life) is not included in his estate, and avoids estate tax and expenses.

This plan enables a person to satisfy his desire to give financial support to MCG without sacrificing personal security.

"The Life Income Contract is another possibility to explore. Appreciated property may be transferred to the Medical College of Georgia Foundation, Inc. in exchange for which the transferor (along with another or others) receives income for life. The Foundation will invest the proceeds of the property in a "Pooled Income Fund" and pay the beneficiary an amount which is determined by the rate of return earned for that year. The income tax deduction is determined by his age at the time of the gift and by valuing the income interest basis of the highest rate earned over the past three years. If he gives appreciated securities or properties he avoids all Capital Gains tax on the appreciation. In addition, for computing his estate marital deduction, the gift is added to his estate, but for tax purposes the gift is taken out. The net result is to increase his marital tax-free deduction, thus reducing estate taxes. The gift will go to support the work of the Medical College as designated by the donor at the death of the last beneficiary.

The Tax Reform Act of 1969 introduces two new opportunities in which gifts with income retained can now be made. The Annuity

Trust Gift is a plan whereby the donor irrevocably transfers money, securities or other property to a trustee (his bank) who pays the donor a fixed dollar amount equal to not less than 5 per cent of the net fair market value of the transferred property. Under this arrangement the donor is entitled to an immediate income tax deduction for the value of the remainder interest given to the Medical College. This value is determined by discounting for the income interest he receives.

The Unitrust Gift is an arrangement whereby property is irrevocably transferred to a trustee with the understanding that each year a fixed percentage — not less than 5 per cent — of the value of the property (**valued annually**) shall be paid to the donor (and/or others). The money or property used to create the trust and all receipts are managed and invested by the trustee as a single fund without distinction between principal and income. The Medical College of Georgia Foundation, Inc. will receive the trust's assets on the death of the last income beneficiary.

"Quite obviously, there are a number of alternative ways through which you can make your giving effective," Mr. Austin said. "I would be pleased to consult with you and your banker, accountant or attorney to discuss in detail the advantages of the different methods of giving.

"The Medical College needs support now and in the future as it launches its vast expansion program. We need financial support for faculty recruitment, student aid, patient care services, research — all this and more to maintain our commitment to excellence in education in the health sciences.

"Now, more than ever, support from alumni and friends is crucial. Much of this support will come through current gifts and much more of it through planned giving." □

BARD: As I've mentioned, our clinical faculty right now are working on our own plans, taking advantage of the lessons learned in the pioneer programs. It's my hope that within a year or less we'll be active in this area. It's just a question of what area should we pick. Personally, I think that because of our situation in Georgia, we should be working in an area that we may call the family physician assistant. One physician, by the way, could use several assistants. If you have only one doctor in a county, for example, he may well be able to use two or even more of these people working as his personal satellites out where the sick people are.

TODAY: Would these assistant physicians and other allied health personnel see greater involvement in 'preventive medicine'?

BARD: Yes. So far what we've been really talking about — and this is typical in this country and all over the world — is what some call episodic medicine. Namely, you get health care when you're sick. But it's no longer acceptable to get sick. The big push will be in prevention of disease. You've heard me mention that we take better care of our cars than we do of our bodies. Periodically, by state law, we bring our cars in for a check-up at the service station. This is what we need scattered all over for health care: health care service stations where you can go in for a physical check-up.

TODAY: Why?

BARD: Well, the patients, and we're talking about 200 million people now, are obviously not going to be filtering through private physicians' offices and outpatient clinics and hospitals as we now know them. We need these health service stations, scattered all over and open all hours of the day and night to make health care accessible.

TODAY: Have any such 'service stations' been started? Are there prototypes?

BARD: Yes. In a number of places. The Kaiser-Permenente Foundation is a leader with one approach. It pioneered multiphasic screening where a battery of tests are done, not just blood and urine tests, but other tests that determine if the individual is in good shape and if not, what's wrong.

TODAY: Who would staff such centers?

BARD: They would be manned largely by allied health workers who would run the tests and probably use modern instrumentation and computerized information. The results would come in correlated simple form. Physicians would review the record and chances are that the numerous situations or earlier stages of the disease will be picked up. Such early-stage diseases could be much more easily managed, both medically and economically. The individual would feel safe.

So once we get to patching up health care from the standpoint of taking care of the sick, then the next thing for us is to take care of everybody so that they don't get sick. Indeed the economics will be such that the health care system will be penalized if somebody does get sick; they're suppose to prevent them from getting sick. Rewards might be structured as is the Kaiser Plan. The staff there is paid a salary, the less time that goes into taking care of sick people, the more profits they have to share. I won't go into detail, but the idea is clever.

TODAY: How far away is widespread introduction of this sort of thing? A decade or more? More than that?

BARD: Now-a-days if you say something is a decade away it means it will probably get started

next year or the year after. This ferment, which some people tend to call a revolution, is with us right now. It's not something that you can sit and hope somebody else will solve. What I bemoan is that the mechanism which starts all of these things; namely, the educational systems, just aren't moving. They can't move because it takes money and the federal government which has been the prime mover in higher education in the past decade or two, at this particular time, in not serving the future.

TODAY: Do you feel a genuine collapse of the health care delivery system is imminent?

BARD: No. I think there are enough knowledgeable people talking about, and doing some of these things, and I think the public, through the lay press and other media, is starting to get the message. Something can be done about it. It also depends on the federal government issuing some sort of clarion call and enough money to get the show on the road. Here we're not dealing with a problem where there's a shortage of qualified people such as was the case in the past and in the judgment of some in medicine. We don't have to have highly qualified people or special facilities. Rather simple facilities, less trained folks can get into this work.

It's a collegiate level program. It's not a post-graduate advanced program with years of residency and all of that. Lesser training can be used. Here we are talking about a whole eschelon; a grading of skills that can be made available. Some are working at the lower end of the skill spectrum; short term, highly specifically trained persons. These are valuable and necessary. If we're to turn loose someone who is going to look after a patient in lieu of the physician, we obviously need a person with considerable breadth at the collegiate level. □



MCG

It's Symbolic

It's on books, bulletins, brochures, business cards and some buildings.

It's also on stationery, business forms, window decals, county fair displays, continuing education name badges and the telephone book.

This winter, it's expected to be on signs around the campus and it has already been on posters posted on other campuses. It will be on the sides of institutional vehicles shortly. It's in the MCG Catalog and on the cover of the President's Annual Report.

It is the Medical College of Georgia's new institutional symbol, a graphic device developed to help amplify the image of the College among a vast constituency. In time, through planned and consistent use, this symbol will begin to generate almost instantaneous recognition of Georgia's health sciences university in much the same way industrial trademarks speak for their products.

The symbol was developed last summer by Mrs. Sharon Jones of Athens, a leading institutional graphics designer. The symbol and the letter-form MCG are part of an institution-wide graphics system approved for implementation by the MCG Executive Committee.

The reasons for seeking a graphics system for the College were many, but chief among them was the fact that MCG suffers from what public relations practitioners call an 'image problem.' It was realized that if the institution was to seek support from the private sector of the economy and work to broaden understanding of its programs throughout the state and

region, these constituents would have to be better informed about the College. Since first impressions of an institution often come to decision makers from a printed piece, it was decided to improve and expand institutional publications as a first step toward solution of the public relations problem. The graphics system developed by Mrs. Jones in consultation with the Division of Institutional Relations is a major tool in accomplishing this aim.

The rationale for the symbol itself has generated a great deal of interest on campus and in Augusta, though it seems it has not yet been adequately explained.

The symbol — variously called the 'doodad', the 'daisey', or a 'doughboy', actually has no name. But it has very definite meaning, arrived at only after more than six months study of the College by consultants. The rationale Mrs. Jones prepared for her design precisely describes the concept:

"The symbolic representation of this graphic device is based primarily on the fact that it is an infinity statement. The symbol is made from a line that goes over and under — a never-ending path . . . representing man's search for immortality; man's attempt to prolong life through health and medicine.

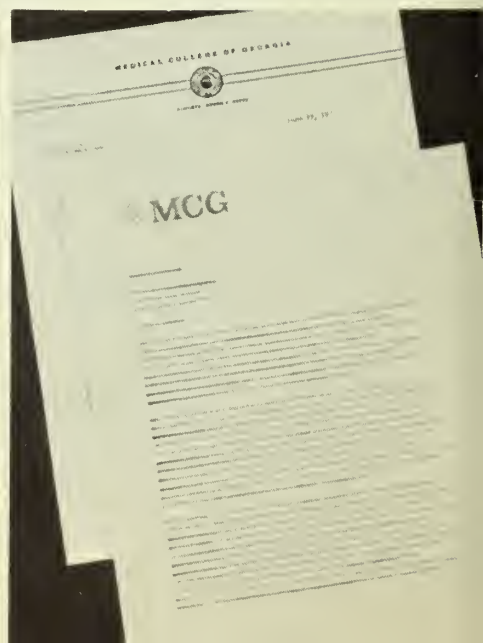
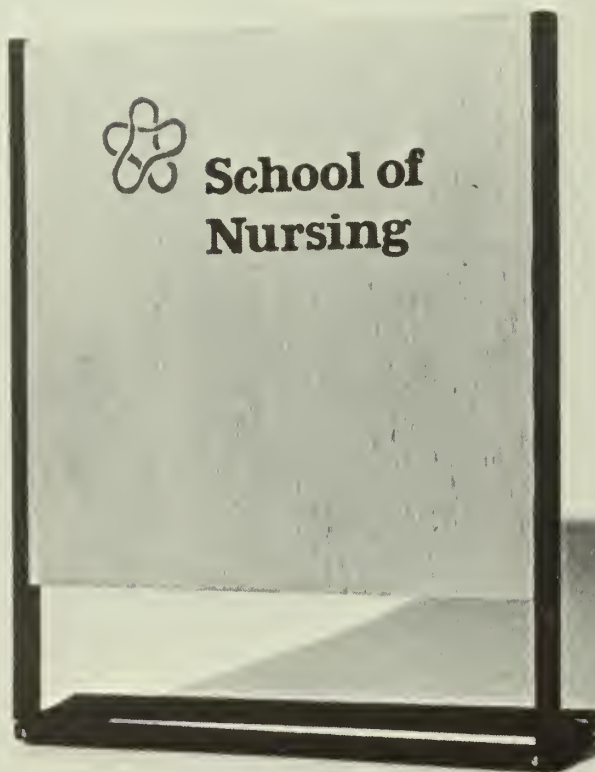
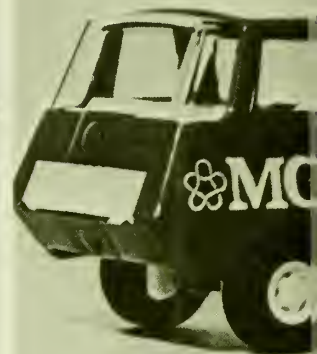
"In addition to its intended symbolic value," Mrs. Jones added, "the symbol is a precise, mechanical shape which elicits a scientific 'feeling.' Its abstract quality can be likened to a biological unit, an atom or a molecule — organic because of its round, flowing form; mathematical because of its strict geometric pattern."

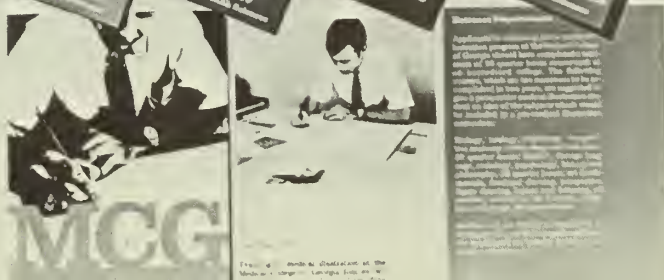
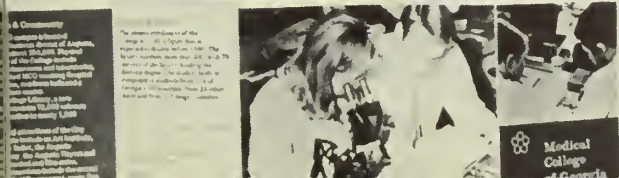
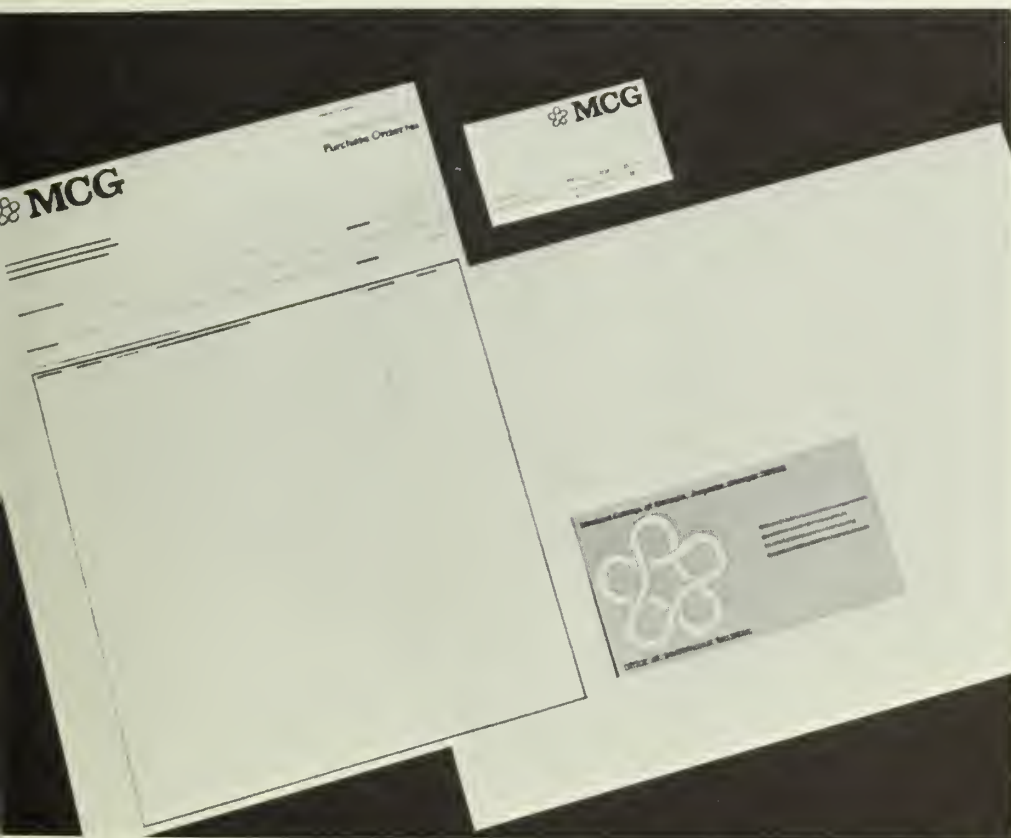
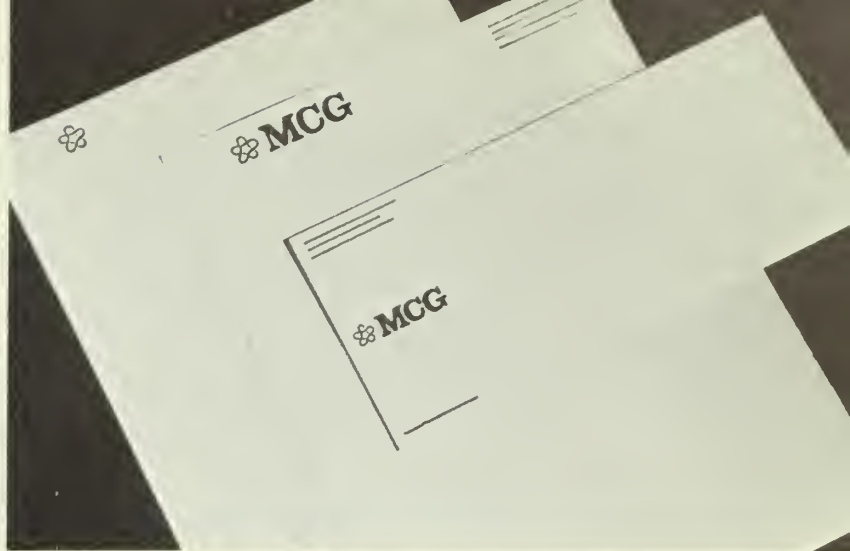
The combination of the symbol with the MCG letterform (in a typeface called *Craw Clarendon*), the designer said, results in a "powerful statement of quality and professionalism for the College, combining stability and order with the awareness of human values found in the health professions."

The overhaul of MCG's publications, both internal and off-campus is well under way, and the new graphics system is proving itself to be a valuable resource in generating increased awareness of the College.

The Medical College of Georgia is a vital, growing and highly competent health professions educational facility, now ready to tell its constituents about itself, and now equipped — through the new graphics system — to do the telling in a powerful, professional manner.

□





Nursing Today Dean's Page Nursing Today Dean's Page Nursing Today Dean's Page Nursing Today Dean's Page



By E. Louise Grant,
Dean
School of Nursing

The Beginning

Nursing education in the University system of Georgia began in 1943 at the University of Georgia with a center in Atlanta. Following two years of offerings, the Bachelor of Science in Nursing Education degree was awarded in 1945.

In 1949, the main office was moved to Atlanta. It remained there until 1954 when transferred to the campus of the University of Georgia in Athens. An office has been maintained in Atlanta continuously until July, 1970. The center then changed its nature embracing two federally supported projects, one in Continuing Education, the other in Nutrition.

On January 1, 1956, the Board of Regents of the University System transferred the Department of Nursing to the Medical College of Georgia. The former head of the University's Nursing Department became Dean of the school at MCG. The five faculty members continued with the program. Ten students transferring from the University were the first to graduate with the Baccalaureate Degree in Nursing from the Medical College in 1958.

What has happened since this first undergraduate baccalaureate program was integrated into the then wholly medical school complex? Total enrollment of baccalaureate students in the school, as

The Dean's Page is a regular feature of MCG Today with authorship of the page rotated among the five deans of schools at MCG.

of the fall quarter 1970, is 158. Graduates of this program are not only highly intelligent young women with class averages on State Board Examination approximately 50-100 points about the national average, but they are sought after and considered competent practitioners of nursing. Without the latter, the former is of little value. A continuing effort to hold to this clinical competence for all graduates is being made.

The Masters Program Emerges

A Masters Program in Nursing was proposed by the Dean as early as 1953. Delay in getting the baccalaureate program firmly established prevented earlier plans for implementation of the graduate program. In 1968, the program was initiated, faculty were found and the first class enrolled. The master of science degree in nursing has been awarded to five graduates to date. Ten students, five full time and five part time, are now enrolled in this four quarter program. Five to seven students will hopefully complete the degree in 1971. Major fields are Medical-Surgical Nursing, Psychiatric Nursing and Nursing Service Administration.

Nursing Needs, How Can They Be Met?

The acute need for nurses, especially in Georgia, places heavy responsibility on all of us for the recruitment of students. Georgia's statistics place her second lowest in the nation in numbers of nurses per 100,000 population. The need for competent nurses prepared at all levels, if patient needs are to be met, is imperative. It is our responsibility to give and improve patient

care. Education at the baccalaureate level at the College prepares practitioners of nursing, most having team leadership abilities as well as judgmental "know-how". They must be competent in decision making; if they have potential, they may move into graduate study. Additional preparation on the master's level enables the graduate to become a teacher, a clinical specialist or an administrator. Preparation of nurses at all levels offers a tremendous challenge to us. Fourteen of our schools within the University System, including the Augusta College, offer two-year programs which award the associate degree in nursing. These technical nurses, as team members working with the baccalaureate graduate, constitute the major members of the nursing team. Attraction of nursing students from high school today, with the many opportunities open to them, makes recruitment difficult. Salaries, although often seemingly high, are not competitive at the College with other opportunities for women.

Our Responsibility

The question is how each of us can contribute to the encouragement of both men and women to enter the nursing arena. It is an exciting and venturesome experience, as well as a personally rewarding one. More men are entering the profession. We have great need for them and hope that more will come to join the five currently enrolled in the School of Nursing at the Medical College.

Sharon Webb has joined our staff sharing responsibility in the program of public relations for the recruitment of students in nursing.

I hope you may meet her and share with her the privilege of identifying and recruiting future nurses. The varied programs in nursing, two, three, and four years in length, provided by junior colleges, hospital schools, and senior colleges or universities, make it possible for high school graduates with differing potentials, to enroll in the program of their interest and ability.

The cooperation of physicians and other health professionals who have given support to the school through the Dean's 20 years of association with the University System has been deeply appreciated. These years have been filled with hard work and often with discouragements; however, the rewards far outweigh the effort expended. Our School, has great potential in meeting the expanding health needs of our people, not only in nursing but in other related disciplines.

Nursing is the responsibility of nurses; however, support and assistance of other professionals and citizens are needed and earnestly sought.

How can representatives of all health disciplines and community members work together to plan health care in order to more effectively meet the people's needs? We must care for the sick, also we must find ways to maintain health at a higher level. This is our challenge and the subject to which we must address ourselves if we are to cope with the present situation. □

Foundation Challenge: 'New Involvement'

Trustees of the Medical College of Georgia Foundation, Inc., in a special meeting November 15 at Macon, heard MCG Pres. Harry B. O'Rear call for new Foundation involvement on campus.

Dr. O'Rear told Trustees he hoped they would visit the campus often to "advise and criticize," that they would encourage fellow alumni to participate in Alumni Association and Foundation activities, and that they would help the institution in its fund raising activities.

President O'Rear also said he expects the entering class in medicine to grow to 200 students each year, a fact that will necessitate a greatly increased level of support, both from governmental and private sources.

In other business at the Macon meeting, The Board approved grants to the President's Fund totaling \$20,272. Of this amount, \$8,000 is to be used for student aid, and the remainder is to be disbursed in accordance with a budget approved by the Trustees.

Some of the new Trustees elected last September in an Augusta meeting were also introduced. A condensation of the minutes of the Sept. 12 meeting in Augusta follows:

Meeting September 12, Trustees elected 15 new members to the Board and adopted resolutions to implement a planned giving program for the institution.

The Trustees also elected six board members to serve on a newly constituted executive committee, and named James C. Austin, Director of Institutional Relations, to be Foundation Executive Director. Dr. J. G. McDaniel will be chairman of the Executive Committee. Other executive committee members named are Pres. Harry B. O'Rear, Dr. Jule C. Neal, Jr., Dr. J. Harold Harrison, Dr. Robert T. Anderson, Sr. and Vice President James A. Blissit.

In the area of planned giving, board members voted to adopt resolutions to retain a general counsel, and to organize programs for gift annuity agreements, life income contracts and a pooled investment fund.

Mr. Austin also presented a proposal for a telephone campaign to solicit alumni for the annual giving fund that was endorsed by the Board of Trustees. The newly elected board members are:

New Trustees

Terms to expire in 1975: J. Miller Byne, Jr., Waynesboro, Julian K. Quattlebaum, Sr., Savannah and Milford B. Hatcher, Macon.

Terms to expire in 1974: Walter C. Coolidge, Atlanta, Roy L. Gibson, Columbus and W. Frank McKemie, Albany.



Dr. O'Rear



Dr. McKemie



Dr. O'Neal



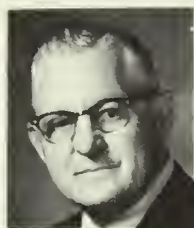
Dr. McGahee



Dr. Coolidge



Dr. Bloodworth



Dr. Alden



Dr. McDaniel



Dr. Quattlebaum



Dr. Gibson



Dr. Turner



Dr. Galloway



Dr. Deal



Mr. Blissit



Dr. Neal

Terms to expire in 1973: Albert M. Deal, Statesboro, David A. Wells, Dalton and John B. O'Neal, III, Elberton.

Terms to expire in 1972: Ronald F. Galloway, Augusta, A. Fred Bloodworth, Athens, and Herbert S. Alden, Atlanta.

Terms to expire in 1971: James H. Robinson, Americus, J. R. Turner, LaGrange and Ollie O. McGahee, Jr., Jesup.

Other board members, completing the slate of 25 called for under the Foundation's new charter, are Dr. Christopher C. Fordham, III, Dean of Medicine, Dr. Raymond C. Bard, Vice President, Dr. Robert G. Ellison, and Dr. Irving Victor.

The board will again meet next May in Atlanta during the Annual meeting of the Medical Association of Georgia. □



Dr. Byne



Dr. Anderson



Dr. Robinson



Dr. Hatcher



Dr. Harrison



Dr. Ellison



Dr. Victor



Dr. Fordham



Dr. Wells



Dr. Bard



YOU'RE
WHISTLING
IN THE
DARK . . .

. . .if you think the job will get done without your help. The 'job' is the enrichment of instruction, research and service at the Medical College of Georgia through the Medical College of Georgia Foundation, Inc. The people who help are people like you. . .

Support

**The Medical College of Georgia
Foundation, Inc.**

Mary M. Lewis, Executive Secretary

Alumni News Events Activities Class Notes Alumni News Events Activities Class Notes

Deaths

1905

Oveida F. Green, Mayo, Fla.

1906

George R. Creekmore, Brooksville, Fla.

Charles L. Ridley, Macon

Henry P. Smith, Pearson

1907

Ernest R. Harris, Winder

Clarence G. Redmond, Savannah

1913

Oma E. Herndon, Lake City, Fla.

1915

Wilbur G. Jenkins, San Antonio, Texas

1916

Kelso A. Carroll, Largo, Fla.

1924

J. B. Oliphant, Crystal River, Fla.

1925

Thos. E. Morgan, Jacksonville, Fla.

James R. Wilson, Savannah Beach

1928

Thomas J. Ferrell, Sr., Waycross

1929

Charles K. McLaughlin, Macon

1930

Francis M. Watson, Mariana, Fla.

1931

John P. Heagarty, Beckley, W. Va.

1932

Samuel D. Sturkie, Charlottesville, Va.

1933

Omer S. Gross, Vidalia

1934

C. Murray Warnock, Atlanta

1936

Emory G. Newsome, Sanderville

1937

Louie H. Griffin Sr., Claxton

1943

Jesse B. Brown, Baxley

1945

Benjamin E. Daniel, Claxton

1948

John H. Norton, Cave Springs

1949

James W. Garner, Austell

1950

William S. Compton, Lithonia

1953

Wycliffe W. Hillis, Jr., Millen

John T. McCormick, Jacksonville, Fla.

1957

Malcolm D. Lockhart, Ellenwood, Ga.

1959

Martin E. Blutinger, Carversville, Pa.

1960

Cecil D. Cason, Waycross

1961

Edward R. Giles, Jacksonville, Fla.

Alton R. Nix, Phenix City, Ala.

1964

Joseph R. Ostafin, Arlington, Va.

1965

Hoyt G. Farr, Salt Lake City, Utah

ALLIED HEALTH SCIENCES

Medical Record Science

1967

Marynell Crawford, '67, formerly medical record librarian at MCG, is now director of the medical record department at Variety Children's Hospital, Miami, Fla.

1968

Lynda Thorn Reagor, '68, presented a program at the American Medical Record Association in Colorado Springs, Colo. Nov. 1-6. Her topic was MTST Discharge Diagnosis and Disease Index. **Candace Allen**, '68, is now an instructor in Medical Record Science at MCG. She was formerly at the Columbia Presbyterian Medical Center in New York.

Medical Illustration

1951

Robert C. Benassi, '51, is free-lancing in Minneapolis, but still complains about Northern winters and is yearning to turn Southward. He and his wife Rita and their children live at 11311 Oakvale Road South, Minnetonka, Minneapolis, Minn., 55343

1966

Joel Ito, '66, won a First Award in Cover Graphic Design from the International Arts Method Magazine. Mr. Ito, who received his master's degree in Medical Illustration from MCG, won the award for the May 1969 cover design on the Oregon Regional Primate Research Center magazine. He earned the B. S. degree in art at the University of California and entered MCG for his master's degree work. In October 1969, Mr. Ito participated in a showing of all-Japanese art in the Portland Art Museum and he has exhibited works at many medical and surgery conferences.

MEDICINE

1926-30

After forty-odd years ministering to the youth of Athens, **Loree Florence**, '26, MCG's first female graduate, has finally decided to 'take life easy'; if such is possible for such an active, vivacious person. It is most likely that now, more than ever before, Dr. Florence will be exploring more foreign lands and adding many chapters to her already vast travelogue. **George W. Wright**, '26, and **J. Victor Roule**, '26, both prominent Augusta physicians, have recently an-

nounced their retirement from active practice. **C. Goodrich Henry**, '28, has retired from the practice of orthopedic surgery in Augusta. **A. M. Phillips, Sr.**, '28, retired from private practice, and now a part-time medical examiner for the Department of Family and Children Services in Macon, was surprised recently with a birthday celebration by the out-patient clinic staff of Macon City Hospital. Some of the winners in last Fall's Camellia Show in Macon included several MCG alumni. Among the winners were: **Frank Houser**, '36, **Walter F. Homeyer**, '48, **Charles L. Ridley, Jr.**, '42, **Raymond Suarez**, '29, and **Evelyn Swilling**, '29, **Andrew H. Hinton**, '30, of Miami, Fla., recently informed us that because of physical disability he has retired from active practice.

1941-45

Five MCG alumni have joined together to form Orthopedic Associates of Augusta. They are **J. Liddle Chandler**, '41, **Charles Freeman**, '49, **Edward S. Forrester**, '60, **Mercer T. Bridges**, '63, and **H. Sherman Blalock**, '62. Their new office building is located at 1515 Pope Avenue, Augusta, 30904. The Twelfth International Congress of Radiologists, held in Tokyo, was the main reason for **David Robinson**, '42, and his wife, to travel to the Orient. After a stay in Tokyo, they traveled extensively in the Far East before returning to Savannah. **Fenwick T. Nichols**, '43, Savannah, was elected to the Board of the Georgia Heart Association at a recent meeting in Savannah. **H. Calvin Jackson**, '45, and his professional career, were the main topic of a feature article in the "Meriwether Vindicator" in August. It was an excellent tribute to Dr. Jackson's dedication to his people and profession.

1951-55

Fayette M. McElhannon, '51, Athens surgeon, was one of five U. S. Physicians whose comments were featured in the February, '70 issue of *Modern Medicine*. **George F. Green**, '51, second vice-president of the MCG Alumni Association, who is in general practice in Sparta, recently announced that in addition to his associate, **M. Lynn Ferrell**, '63, he has now added a surgeon to the group. **W. George Dunbar**, '56, who had previously been with the VA Hospital in Hampton, Va., joined Drs. Green and Ferrell

last year. **Mims Aultman**, '53, who returned from Vietnam in July of '69, subsequently started an Army-Baylor Program in Health Care Administration which led to a masters' degree. He finished in June, and is now assigned at the USA Dispensary, Fort Hamilton, N. Y. Dr. Aultman reports he has been assigned to research on setting up "model dispensaries". **Charles E. Bohler**, '54, Brooklet, Ga., reports on the activities of some of his classmates: "Henry Scoggins, '54, of Augusta, is second vice president of the Medical Association of Georgia, Charles Emory Bohler, '54, of Brooklet has been a member of the Council of the MAG for eight years and is serving his second term as chairman of the Council. Joe Christmas, '54, of Vienna and Don Bateman, '54, of Albany are members of the Council . . ." **Betty Ann Hogan Metts**, '55, formerly of Savannah, is now practicing anesthesiology in Macon. She and the children reside at 723 Captain Kell Drive, Macon. **C. Daniel Cabaniss**, '55, an Atlanta internist, has moved to Columbus, where he is Medical Director of The Medical Center. He is in charge of the training program there. **Joe H. Miller, Jr.**, '55, Memphis, took a sabbatical leave last year from the neurosurgical group of which he is a member. He lectured as guest professor at Harvard Medical School and at the University of Mississippi Medical School, and spent three months 'operating' at the Naval Support Activity in DaNang, Vietnam. **Ruth McMinn Thomas**, '55, formerly of Rincon, has recently moved to Charleston, S. C., and is now living at 1333 Newcastle Street. Following his surgical residency at Mt. Sinai Hospital in Miami Beach, Fla., **James C. Dudley, Jr.**, '55, has returned to his home town of Americus and is now associated with **John H. Robinson, III**, '38. **Thomas C. Mann**, '55, is practicing general surgery in Greenville, S. C.

1956-60

Neal H. Newson, '56, Atlanta, and his family vacationed at Hilton Head Island, S. C., last summer. The family attended the World Championship Skeet Shoot in Savannah, and Dr. Newson was one of the winners of a round robin tennis tournament held at Harbour Town Racquet Club. **Helen M. Caffey Freeman**, '56, and her husband **Olen I. Freeman**, '57, have recently moved from Morganton, N. C., to Atlanta. Dr. Olen Freeman is director of Community Services for the Division of Mental Health, Georgia Depart-

ment of Public Health. They live at 915 Peachtree-Dunwoody Road N. E., Atlanta, 30328. **C. Ray Ivey Jr.**, '56, and **F. M. Lindsey**, '56, both practicing in Warner Robbins, have been certified as diplomates of the American Board of Family Practice. **Thomas L. Crews**, '57, resumed practice limited to internal medicine and cardiology in Covington. He has had research papers published in *The Journal of the American Medical Association* and *The Journal of the Medical Association of Georgia* and an article is pending publication in the *British Heart Journal*. **William T. Freeman**, R '58, is practicing anesthesiology in Los Angeles. His address is 3701 Eureka Drive, Studio City, Calif., 91604. **George L. Echols**, '59, formerly of Johnson City, Tenn., has joined **C. H. Watson**, '52, in the practice of pediatrics in Augusta. Their offices are at 1021 Fifteenth Street. Several months ago, **Frank Holston**, '60, and his wife, Frances, and their four children returned to the States after serving a very rewarding term in the mission field in Chiapas, Mexico. This mission was spent with the Wycliffe Bible Translators. The Holstons are presently back in Jackson, Ga., where Dr. Holston is engaged in general practice. **Thomas J. Yeh**, R '60, and his family visited his home in Taiwan last summer. It was the first time Dr. Yeh has been home since he came to the United States 19 years ago. Dr. Yeh practices thoracic surgery in Savannah.

1961

Cliff L. Cannon, Jr., '61, after completing his neurosurgery residency at Emory University Hospital, has joined Dr. W. Upton Clary for the practice of this speciality in Savannah. Their offices are at #22 Medical Arts Center. Dr. Cannon, his wife and daughter reside at 13005 Largo Drive. At the Annual Meeting of the American College of Obstetrics and Gynecology, held last year in New York, **Davis W. Fillingim**, '61, and **R. William Scarbrough**, '61, were installed as Fellows. They have offices at #2 Medical Arts Center, Savannah. Dr. Fillingim is the son of **David B. Fillingim**, '34, also of Savannah. **Samuel M. Goodrich**, '61, who practices in the Medical Arts Building in Milledgeville, has been elected to be a Fellow of

the American College of Obstetricians and Gynecologists. **William H. Meeks**, '61, after having completed residency training in neurosurgery at Talmadge Hospital, has become associated with Drs. Kenneth Carrington and Pomeroy Nichols for the private practice of that speciality. Their new offices are at 1521 Pope Avenue, Augusta. **Titus M. Payne**, '61, writes that he heard of MCG Today in Africa recently. "I have been in Africa a number of years now and I had no idea that the Medical College of Georgia had grown so much." His address is S.I.M. Eye Hospital, Box 14, Kano Kano State, Nigeria, West Africa. **Hoyt R. Bodie**, R'61, is practicing radiology in Columbia, S. C. His address is 1519 Marion Street, Columbia, 29201.

1962

Following his discharge from the service, **J. Haskell Brown**, '62, is now in the private practice of internal medicine at #7 Vardry Medical Court, Greenville, S. C., 29601. **Charles K. Bradley**, '62, who for the past three years has pursued a residency at the Eye, Ear, Nose and Throat Hospital in New Orleans, has joined Dr. John H. Reed in the practice of ophthalmology in Gainesville, Ga. After having completed his residency in general surgery at Tampa General Hospital, **Roger A. Bates**, '62, has opened an office at 410 Zachery Street, Waycross. After completing training in obstetrics and gynecology in California, **William J. Cone**, '62, has returned east to set up practice. Dr. Cone is now in Johnson City, Tenn. He lives with his wife and daughter at 118 Belmeade Circle, Johnson City, 37601. His office is in the Professional Building there. **T. W. Brooks, III**, '62, is practicing diagnostic and therapeutic radiology in Hickory, N. C.

1963

A new cardiovascular catheterization laboratory was opened in July at Memorial Hospital in Savannah. This lab is under the supervision of **C. Walker Beeson**, '63, who is now head of the Cardiology program at that hospital. He and his family reside at 1610 Queensbury Street, Savannah, Ga., 31406. **John A. Page**, '63, following a residency in ophthalmology at the Medical College of Virginia and then post-graduate work at the Lancaster Ophthalmology Unit of Colby College, Waterville, Me., has become associated with **Braswell E. Collins**, '34, and **Fleetwood Maddox**, '57, in Macon for the practice of ophthalmology. The Pages and their three sons, reside at 1933 Birchwood

Way, Macon. **A. Ronnie Hagen**, '63, of Hoboken, Ga., has joined **Don R. Roberts**, '57, for the practice of orthopedic surgery in Brunswick. Dr. Hagen finished his residency in Orlando, Fla. **Clifford E. Chapman**, '63, Tennille, has joined Dr. Preston Whaley, for the practice of otolaryngology in Bradenton, Fla. Following his internship at Memorial Hospital, Savannah, Dr. Chapman fulfilled his military duty, and subsequently spent four years in residency training at the University of South Carolina Medical College. **Louie H. Griffin, Jr.**, '63, director of the Surgical Research Laboratory, Tripler Army Medical Center, Honolulu, Hawaii, has purchased a home at 1655 Piikea Street, Honolulu, 96818. **H. Jack Murphy**, '63, has joined Dr. Robert B. Gottschalk and Dr. Dicky W. Timms, in the practice of general surgery at No 1 Medical Art Center, Savannah. **William F. Owens, Jr.**, R'63, is a member of the faculty at the University of Mississippi Medical Center, Jackson, Miss.

1964

Donald Martin Gilner, '64, who finished two years of a Fellowship in pediatric allergy and immunology at the University of Colorado Medical School, entered the U. S. Air Force and is stationed at Scott AFB, Belleville, Ill. **A. Joseph Edwards**, '64, Claxton, is now associated with Drs. C. B. Brugstiner, J. J. Doolan, Jr., and W. W. Osborne in Savannah for the practice of obstetrics and gynecology. Their offices are located at 1811 Abercorn Street, Savannah, 31401. These words were written by **Alonzo J. Bentley**, '64, who is now doing his last year of residency training in otolaryngology at Emory University in Atlanta: The MCG Class Ring with its skull and cross-bones has always been a rather sacred possession of our graduates and this fact was truly expressed in a letter received recently. "This ring is very unique and has won many friends for me in far away places. You cannot imagine the number of fellow alumni that I have met and gotten to know in scattered places all over the country, and the world, by simply wearing the ring of our school."

1965

Carl Drury, '65, St. Mary's, has been elected to the Legislature to represent Camden, Charlton and Brantley Counties. **Maurice Whiddon**, '65, of Valdosta, has become associated with **Julian K. Quattlebaum, Jr.**, '51, and **John S. Wade**, '58, for the practice of general surgery in Savannah. Dr. Whiddon interned and did his residency at Talmadge Memorial Hospital in Augusta. **David C. Smisson**, R'65, is in the private practice of internal medicine in Minot, N. Dak.

1966

Hubert Manning, '66, Nahunta, completed his residency in radiology at Charity Hospital, New Orleans. He has joined **W. E. Harden**, '52, and Dr. Bert H. Malone, Ex-'36, for the practice of his speciality in Brunswick. Following the completion of his residency training in ophthalmology at Talmadge Hospital, **John S. Newton**, '66, became associated with **Floyd C. Jarrell**, '46, and **Ronald Watson**, '59, to practice his speciality in Columbus. Their offices are in the Doctors Building at 711 Center Street. **C. Alan Batchelor**, '66, having completed his service in the Dermatology Department of Martin Army Hospital, Fort Benning, has now assumed duties at the Bremen Medical Clinic, Bremen. **Emile G. Abbott, III**, '66, of Savannah, has completed his residency in internal medicine at the U. S. Naval Hospital, Portsmouth, Va., and is now stationed in Sasebo, Japan. **James R. Gregory**, '66, has recently begun practice of obstetrics and gynecology in Dalton. **Stanley J. Self**, '66, formerly Chief Resident at Birmingham Medical Center, specializing in dermatology, is now stationed at Ft. Benning. **Harry T. Harper, III**, '66, writes: "I certainly enjoyed the first issue of MCG Today . . . On July 1, I completed a cardiology fellowship under **Dr. J. Willis Hurst**, '44, at Emory University, and entered the U. S. Public Health Service for a two-year term." **E. Clyde Kelly, III**, '66, is practicing dermatology in Albany.

1967

Ralph D. Hopkins, '67, has been promoted to the rank of Major, U. S. Air Force, and is a radiology resident at Wilford Hall USAF Hospital, Lackland AFB, Texas.

1969

Two MCG alumni who are former staff members at Macon City Hospital have been honored by the hospital. **Willis E. Lanier**, '69, was named "Intern of the Year," and **James B. Lindsay**, '62, a former chief surgical resident, was named "Resident of the

Year." Dr. Lanier is now serving with the Navy in Pensacola. Dr. Lindsay expects to enter private practice in Villa Rica this year. **James Edward Ford**, '69, is now engaged in general practice in Claxton. His offices are in the former Griffin Hospital Building. **J. Philip Gingrey**, '69, has joined Dr. James H. Suhrer, in Aiken, S. C. for the general practice of medicine. **Woods W. Rogers, III**, '69, is in the Air Force assigned to the USAF Hospital, Bitsburg, W. Germany. He is a Vietnam veteran and a graduate of the Air Force Aerospace Medicine Primary Course. **James W. Shaw**, '69, is serving in the Air Force at Fairchild, AFB, Washington State. **J. A. Injejikian**, '69, has earned certification by the American Board of Thoracic and Cardiovascular Surgery. He is practicing in Shelby, N.C. **J. Daniel Hanks, Jr.**, '69, is in the first year of a radiology residency at the Medical College of Virginia, Richmond.

1970

Linda L. Dobbs, of Jackson, Miss., was married to **Marion A. Wier**, '70, of Augusta last October 3. **Freeman A. Berne**, '67-'70, is practicing radiology in Lumberton, N.C.

NURSING

1965-66

Fannie Jo Bodinfield Holt Emory, '45, is director of nursing at the Laurens Memorial Hospital, Dublin. **Georgia Ann Snell**, '47, is assistant professor, School of Nursing, Medical College of Georgia. **Ann P. King**, '49, is chief of Nursing Service, Veterans Administration Center, Bay Pine, Fla. **Edith C. Wilson**, '50, is a Commander, U. S. Navy Nurse Corps, and is supervisor at the Naval Hospital in Portsmouth, Va.

1951-64

Sarah Helen Mate Killgore, '52, is director of the School of Nursing at the Piedmont Hospital in Decatur. **Mrs. Janet Irwin**, '53, is assistant chief of Nursing Service at the Veterans Administration Hospital, Lake City, Fla. **Sadie Ann Bailey**, '54, is an instructor in OB at the North Carolina Baptist Hospital School of Nursing. **Florence Cook**

Galloway, '54, does private duty nursing in Atlanta at Piedmont and Georgia Baptist Hospitals. **Mrs. Anderson S. Elizabeth Jarrett**, '55, is chief nurse at the Veterans Administration Hospital in Big Spring, Texas. **Ivarene Shivers**, '56, is district director of Public Health Nursing in Unadilla. **Marthalene Tatum Hancock**, '56, is instructor in OB at the Georgia Baptist Hospital, Atlanta. **Mary L. Durham**, '56, is director of Inservice Education at the Piedmont Hospital in Atlanta. **Mrs. Betty Cone Blake**, '57, is clinical coordinator at the Grady Memorial Hospital, in Atlanta. **Maidana Knott Nunn**, '58, assists in Nursing Service Administration, Education and Research, Central State Hospital at Milledgeville. **Charlotte B. Chadwick**, '58, is assistant chief of Night Nursing Service, Veterans Administration Hospital, Forest Hills Division, Augusta. **Eileen McAlony Bland**, '58, is in Nursing Supervision, District II, Home Health Agency. She lives in Glennville, Ga. **Doris Meeks**, '59, is assistant professor in the School of Nursing, Medical College of Georgia, Augusta. **Jean Dill Hodges**, '60, is doing private duty nursing at Pineview General Hospital in Valdosta. **Dr. Ellen O. Fuller**, '60, formerly associate professor of Health Sciences at Georgia State University in Atlanta, has been named assistant professor of Physiology at Emory University. Dr. Fuller earned her BSN at MCG, and the MN, MSc and PhD at Emory University. **Mary Katherine Lin Rufo**, '60, has earned the MN in Medical Surgery Nursing at MCG. **Geraldine Meyer Livingston O'Malley**, '60, is a school nurse in Lexington County, S. C. **Marilyn S. Rosacrans**, '60, is director of Nursing Service at the South Fulton Hospital, East Point.

1962-66

Mary Francis Heard, '62, is supervisor of Central Service and Inservice, at Newnan Hospital in Newnan. **Margaret C. Singleton**, '63, is chairman of Practical Nurse Education at the Carroll County Area Vocational Technical School. She received her MEd at the University of Georgia this year. **Mrs. Joyce Ferrell** is School Nurse Supervisor for the Hancock County Board of Education in Sparta. **Leara Gertrude Harris Swilling**, '64, is an instructor at Dalton Junior College. **Mrs. Daisy W. Arnold**, '64, is an instructor in Inservice Education at Huntsville Hospital, Huntsville, Ala. **Mrs. Amanda Ann Hempel Colburn**, '64, is an office nurse in Cheraw, S. C. **Doris Musick**, '64, is an instructor at the Georgia Baptist Hospital School of Nursing, East Point. **Mrs. Deron Ray Freeman**, '64, is a staff nurse at Meadows Memorial Hospital, Vidalia. **Carol Bell**, '64, received her MN degree from Emory

University in '69. **Mrs. Inez H. Edwards**, '64, is instructor coordinator at the Macon Area Vocational Technical School. **Jacqueline Eubanks**, '64, a missionary in Nigeria, Africa, has given one year's service to Eku Baptist Hospital School of Nursing there. **Mrs. Laura Hall Shaw**, '65, is coordinator of Inservice Education at Grady Memorial Hospital, Atlanta. **Sharon Lenora Davis**, '65, is nurse supervisor for the Thomas County Health Department, Thomasville. She is enrolled in the School of Public Health at UNC at Chapel Hill. **Mrs. Gloria J. Fossett**, '65, is a part-time staff nurse at the Fitzgerald Memorial Hospital, Darby, Penn. **Paula Gibson**, '65, is a consultant with the Georgia Department of Public Health. She received the MPH in Maternal-Child Care from Tulane University last June. **Mrs. Barbara S. Duffy**, '65, is head nurse at the US Army Hospital at Ft. Gordon. **Mrs. Lela J. Blocker Sarnell**, '65, is an instructor in Maternal-Child Care at Anniston Memorial Hospital School of Nursing, Anniston, Ala. **Nellis S. Swenson**, '65, is assistant professor of Medical Surgery in the School of Nursing of the Medical College of Virginia. **Mrs. Phillis Murphy Trask**, '65, is an instructor in Nursing at Grady Memorial Hospital School of Nursing. **Mrs. Nancy Senn Bailly**, '66, is a part-time lab assistant in OB at MCG's School of Nursing. **Mrs. Mary Hansard Stephens**, '66, is a staff nurse at Mary Black Memorial Hospital in Spartanburg, S. C. **Mrs. Brenda Ball Harvey**, '66, is a part-time staff nurse at Houston County Hospital, Warner Robbins. **Julie C. Fortier**, '66, is an instructor at the University of Maryland School of Nursing.

1967-70

Ellen Schneider, '67, is an instructor in the Coronary Care Training Program at Georgia Baptist Hospital, Atlanta. **Mrs. Mary Eugenia McGibony Farmer**, '67, is senior outpatient coordinator, Maternal and Infant Project at MCG. **Shelby J. Lacy**, '67, is director of Inservice Education, Athens General Hospital, Athens. **Theresa T. Holley**, '67, is a teaching associate in the College of Nursing, University of South Carolina, Columbia. **Sandra Hartsfield**, '67, is an instructor in Psychiatric Nursing at the Medical University of South Carolina, Charleston. **Brenda R. Shubert**, '67, is an outpatient nurse at the Community Mental Health Center, San Louis Obispo, Calif. **Emily N. Manly**, '67, is

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News note/address correction for **MCG Today**.

Name	Class	Int.	Res.
Address	Degree		School
City	State		Zip
Class Notes / News Notes			

an instructor in Medical Surgery in the MCG School of Nursing. **Jeanne R. McIntyre**, '68, is employed by Family Health Center in Miami, Fla. **Dorothy Susan Holloway**, '68 received her MN from Emory University this year and is in the Division of Nursing Service, City-County Hospital LaGrange. **Cheryl Pope Kish**, '68, is charge nurse in ob-gyn Service at the Griffin-Spalding County Hospital, Griffin. **Mary Penny Lewis**, '68, is head nurse and relief supervisor at the Atlanta Hospital. She received her MN in 1969 from Emory University. **Mrs. June Hansen Larrabee**, '68, is a staff nurse at Goddard Memorial Hospital in Brockton, Mass. She will receive the MSN from Boston University in June of '71. **Mrs. Trudy Gordon Groves**, '68, is an instructor in Inservice Education at Eugene Talmadge Memorial Hospital. **Mrs. Donna Dyer Paver**, '68, is a part-time office nurse in Pine Island, Minn. She is attending Mays Clinic, Rochester, Miss., as a student nurse — anesthesiologist. **Mrs. Dean Copeland Molor**, '68, is a public health nurse in the Alachua County Health Department, Gainesville, Fla. **Mrs. Susan Woolf Goodin**, '68, is a lab assistant in OB at the MCG School of Nursing. **Susan May Pope**, '68, is a staff nurse for the city of Memphis Hospitals. **Marjorie Meeks**, '69, is director of Inservice Education at Macon Hospital. **Katherine Suggs**, '69, is an instructor in the Department of Nursing, Georgia State University. She received the MS in Medical-Surgery in June from the University of California. **Mrs. Judy West Black**, '69, is an instructor in Medical-Surgery Nursing at the Hall School of Nursing, Gainesville. **Mary C. Goddard**, '69, is an instructor in Cardiovascular Disease Control Service for the State Health Department, Atlanta. **Mrs. Linda Copeland Wessels**, '69, is a volunteer RN in the Mental Health Service in Italy. **Virginia Mariotti**, '69, is assistant head nurse for the Georgia Regional Hospital, Augusta. **Phillis A. Johnson**, '69, is an instructor at Georgia State University. She received the MS in Maternal-Child Nursing from Emory University this year. **Mrs. Jean Causey Syer**, '69, is now living in Wurzburg, Germany. She received the MS in Psychiatry from the University of California at San Francisco this year. **Mrs. Ann Denny Benzel**, '70, was married in August. Her husband is serving in the armed forces in Vietnam. She is a staff nurse, Egleston

Hospital, Atlanta. **Mary Edith Gammage**, '70, is clinical coordinator at Northside General Hospital, Atlanta. **Sue Stout**, '70, is a staff nurse at the Pineview General Hospital, Valdosta. **Julianna Riden**, '70, is a staff nurse at Eugene Talmadge Memorial Hospital. **Rebecca Norris**, '70, is a staff nurse at Egleston Hospital, Atlanta. **Mrs. Linda So-sebee Lawson**, '70, is a team leader at the Northside General Hospital, Atlanta. **Mary Thigpen**, '70, is a staff nurse at Egleston Hospital. **Mrs. Virginia Leet**, '70, is a staff nurse at Talmadge Memorial Hospital. **Mrs. Ann Tolbert Logan**, '70, is a Public Health Nurse with the Richmond County Health Department. **Donna Paulson**, '70, is a team leader at Northside General Hospital, Atlanta. **Mrs. Rosemary Blanchard Logan**, '70, is a laboratory assistant in Pediatrics at the MCG School of Nursing. **Lynn Davis**, '70, is a student at the Southwestern Theological Seminary in Fort Worth, Texas. **Sharon Webb**, '70, is field representative for the MCG School of Nursing. **Lynn McKneely**, '70, is a staff nurse at St. Joseph's Hospital, Augusta. **Cathey Stitt**, '70, is Patient Care Coordinator at the Wesley Woods Health Center, Atlanta. **Madeline Grimes** is a First Lieutenant at Ft. Sam Houston, Texas, where she is a staff nurse at Brook General Hospital. **Mrs. Mary Ellen Byrd Creech**, '70, is a staff nurse at St. Mary's Hospital, Athens. She was married August 22, 1970, to Don Creech, a graduate of the University of Georgia. **Mrs. Patsy Christian Moores**, '70, is a staff nurse at the Georgia Regional Hospital, Augusta. **Carol Coward**, '70, is a staff nurse at Emory Hospital, Atlanta. **Carolyn Hopkins**, '70, is a staff nurse at Emory Hospital, Atlanta. **Mrs. Carol Lampkin Masterson**, was married July 25, 1970, to William H. Masterson who is presently serving in the armed forces. **Mrs. Hope McKelvey Velton**, '70, is an instructor in Inservice Education, Gracewood State School and Hospital, Augusta. She and John Velton were married June 20, 1970. **Mrs. Dale Jones Young**, '70, is a staff nurse at the Georgia Regional Hospital in Thomasville. **Mrs. Starr Stanford Herndon**, '70, of Memphis and Bud Herndon were married September 19, 1970.

